

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Michael M Keogh		16 ACCOUNT # (Ethics Commission files)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6050.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$10067.15
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Michael M Keogh, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

Mr Michael M Keogh

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ann Ash

6 Contributor address; City; State; Zip Code

6338 N. New Braunfels
San Antonio, TX 78209

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/21/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Judy Dalrymple

Contributor address; City; State; Zip Code

14855 Blanco
San Antonio, TX 78216

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
real estate

Employer (See Instructions)

Date

3/23/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Crystal A Villanueva

Contributor address; City; State; Zip Code

6418 Prime Time
San Antonio, TX 78233

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Insurance

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Theresa Walker

Contributor address; City; State; Zip Code

4834 Waterwood Pass
San Antonio, TX 78112

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alice Ellis

Contributor address; City; State; Zip Code

419 Wonder Parkway
San Antonio, TX 78213

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

Mr Michael M Keogh

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kimberly Anderson

6 Contributor address; City; State; Zip Code

9939 Fredricksburg, Apt/Suite: 408
San Antonio, TX 78240

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bianca R Gongora

Contributor address; City; State; Zip Code

12219 Magnolia Blossom
San Antonio, TX 78247

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Shayla S Gongora

Contributor address; City; State; Zip Code

5638 Timber Star
San Antonio, TX 78250

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Nancy L Crump

Contributor address; City; State; Zip Code

11123 Candle Park
San Antonio, TX 78249

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brendan J Walsh

Contributor address; City; State; Zip Code

11902 Rustic Lane
San Antonio, TX 78230

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
3 of 3

2 FILER NAME

Mr Michael M Keogh

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/2005

5 Full name of contributor

Bill Hoover

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

13411 FM 1560 N
Helotis, TX 78023

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/28/2005

Full name of contributor

Grant Gaines

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1125 Crescent Hill
San Antonio, TX 78253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2005

Full name of contributor

Claude Lamoureux

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

PO Box 781032
San Antonio, TX 78278-1032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2005

Full name of contributor

Brian Stine

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

403 Lazy Bluff
San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2005

Full name of contributor

Robin Keogh

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

13735 Cedar Canyon
San Antonio, TX 78231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael M Keogh

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Michael M Keogh

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:_____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael M Keogh

4 Date	5 Payee name	7 Amount
3/28/2005	Mr Michael M Keogh	(\$85.00)
	6 Payee address; City; State; Zip Code	
	13735 Cedar Canyon San Antonio, TX 78231-1990	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
Reimbursement - fund raiser meeting	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
3/28/2005	Mr Michael M Keogh	(\$328.84)
	Payee address; City; State; Zip Code	
	13735 Cedar Canyon San Antonio, TX 78231-1990	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Reimbursement - sign supplies	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
3/10/2005	Allied Advertising	(\$317.87)
	Payee address; City; State; Zip Code	
	3700 Blanco San Antonio, TX 78212	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Bumber Stickers	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
3/9/2005	Allied Advertising	(\$1470.79)
	Payee address; City; State; Zip Code	
	3700 Blanco San Antonio, TX 78212	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Campaign Signs	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael M Keogh

4 Date

3/7/2005

5 Payee name

City of San Antonio

6 Payee address; City; State; Zip CodePO Box 839975
San Antonio, TX 78283-3975**7** Amount

(\$100.00)

8 Purpose of payment (See instructions regarding type of information required.)

Filing Fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/17/2005

Payee name

Connolly and Company

Payee address; City; State; Zip Code

7373 Broadway, Apt/Suite: 109
San Antonio, TX 78209

Amount

(\$2312.15)

Purpose of payment (See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount

(\$)

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount

(\$)

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 2
2 FILER NAME Mr Michael M Keogh		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/3/2005	5 Payee name Sushihana Restaurant 6 Payee address; City; State; Zip Code 1810 NW Military San Antonio, TX 78213 7 Purpose of expenditure (See instructions regarding type of information required.) Campaign fund raising meeting	8 Amount (\$85.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/9/2005	Payee name Clear Channel Outdoor Payee address; City; State; Zip Code 3714 N Pan Am Expressway San Antonio, TX 78219 Purpose of expenditure (See instructions regarding type of information required.) campaign advertising-billboard	Amount (\$4980.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/13/2005	Payee name Home Depot Payee address; City; State; Zip Code 12871 IH 10 W San Antonio, TX 78249 Purpose of expenditure (See instructions regarding type of information required.) campaign sign supplies	Amount (\$17.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2005	Payee name Home Depot Payee address; City; State; Zip Code 12871 IH 10 W San Antonio, TX 78249 Purpose of expenditure (See instructions regarding type of information required.) campaign sign supplies	Amount (\$115.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/26/2005	Payee name Home Depot Payee address; City; State; Zip Code 12871 IH 10 W San Antonio, TX 78249 Purpose of expenditure (See instructions regarding type of information required.) Campaign sign supplies	Amount (\$158.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 2
2 FILER NAME Mr Michael M Keogh		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/22/2005	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 1066 Central Pkwy South San Antonio, TX 78232 7 Purpose of expenditure (See instructions regarding type of information required.) cAMPAIGN SIGN SUPPLIES	8 Amount (\$) \$44.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/28/2005	Payee name Frost National Bank Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296-1600 Purpose of expenditure (See instructions regarding type of information required.) Fund Campaign Account	Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael M Keogh

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Michael M Keogh		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael M Keogh

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Michael M Keogh

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder